

PO9000079091

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

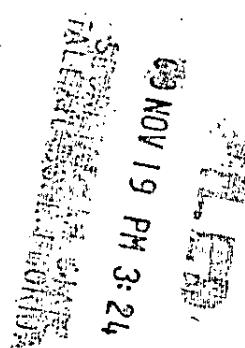
Special Instructions to Filing Officer:

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11/19/09--01039--009 \*\*35.00



082 Resign  
C.COULLIETTE

NOV 20 2009

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TRU3D, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** ██████████ P09000079091

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donna Schmitz  
(Name of Person)

TRU3D, INC  
(Name of Firm/Company)

249 Robin Road  
(Address)

Altamonte FL 32701  
(City/State and Zip Code)

For further information concerning this matter, please call:

Donna Schmitz at (407) 443-4179  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Donna Schmidt, hereby resign as ✓  
(Title)

of TRU 3D INC.,  
P09000079091 (Name of Corporation)

a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Donna Schmidt  
(Signature of resigning officer/director)

REC'D  
FLORIDA  
DEPARTMENT  
OF STATE  
DIVISION  
OF CORPORATIONS  
NOV 19 PM 3:24  
2014

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314